

Touchworks Training

Nursing Note, Medical Excuse Form, &
Additional Information



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Starting a New Nursing Note

Options:

- ☆ ABI Screening
- ☆ DME Fitted
- ☆ Ear Lavage
- ☆ Hearing Screening
- ☆ Holter Monitor
- ☆ IV Hydration Complete
- ☆ IV Hydration Start
- ☆ IV Insertion
- ☆ IV Medication
- ☆ IV Push
- ☆ IV Removal
- ☆ Nebulizer Treatment
- ☆ PortaCath
- ☆ Straight Catheter
- ☆ Suture & Staple Removal
- ☆ Unna Boot Application
- ☆ Urinary Cath Insertion
- ☆ Urinary Cath Removal

SRSTEST, BUFFY EnMRN: 4766207 SHC: 107-782-615 Other: Security: No Restricted Data
Select Patient Sex: F H Phone: PCP: OUTSIDE, DR FYI: FYI
DOB: 01/01/1991 Age: 28 Years Pri Ins: ACO:

Clinical Staff View. Commit Pat Loc Status

Meds Med Flowsheet Immunizations Orders

Current Medications Status Alpha Rec: Never

Record Registry Consult Select non-consult reason Type your own non-consult reason History

There are no items to show in this view.

New Med Hx Edit Renew with changes Drug Ed Order D/C Reprint Rx/Resend Rx Continue

Allergies Problem Encounter

All Type Rec: Never

There are no items to show in this view.

New Edit View Deny Enter in Error Annotate View Annotation

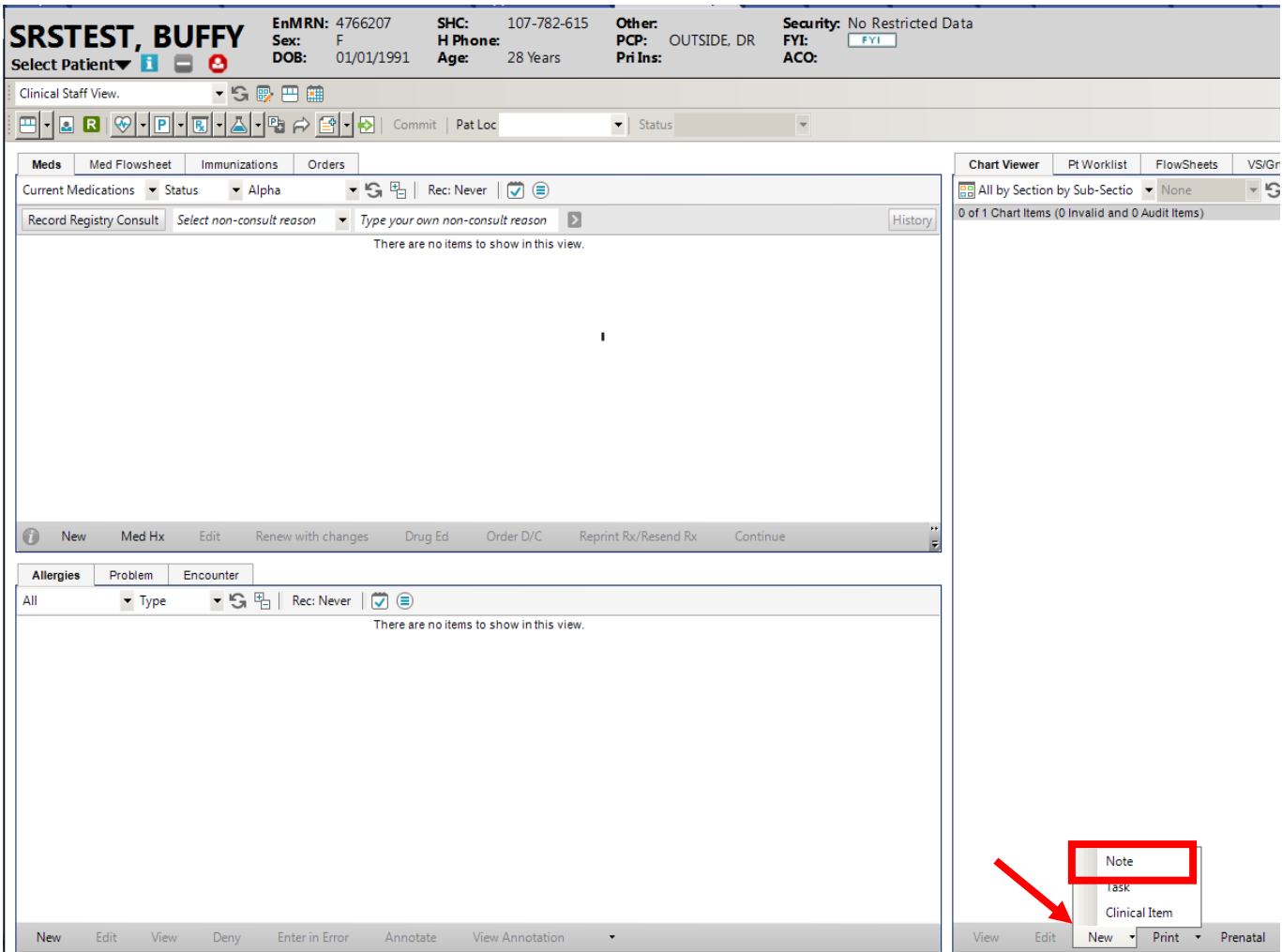
Chart Viewer Pt Worklist FlowSheets VS/Gr

All by Section by Sub-Section None

0 of 1 Chart Items (0 Invalid and 0 Audit Items)

Note
Task
Clinical Item

View Edit New Print Prenatal



- Under **chart viewer** Click **New** click **Note**

Note Selector

SRSTEST, Buffy 01-Jan-1991 (28 years) F Non-Appointment: 17-May-2019

Create New

Style: Note Unstructured

Specialty: Nursing Visit Type: Nursing Note.

Owner: YUTKO, VICTORIA

Owner= Clinical Staff

Chief Complaint

[Add/Remove Chief Complaints](#)

There are no items to show in this view

OK Cancel

- Select Nursing for specialty
- Select Nursing Note for Visit type
- The owner of this note is the clinical staff member
- Click OK

Note Selector

SRSTEST, Michael 04-Apr-1984 (36 years) M Appointment: 02-Jun-2020

Create New

Style: Note Unstructured

Specialty: Nursing Visit Type: Nursing Note.

Owner: SPEES, DAVID N Appt Type: REG (REG)

Note: if you are a MA the provider is the owner of the note

SRSTEST, Buffy, 01-Jan-1991 (28 years) F

Note

Nursing Note. YUTKO, VICTORIA Status: Needs Input

1: Select appropriate section of note

2: Confirm dropdown is Nursing

3: Choose appropriate text template

Audit Details
Signatures

Treatment/Events

SRS Treatment Observation Notes

2 Patient IDs verified. [Yes][No]
Ear lavage/irrigation performed [night][left][bilateral] ear/s.
Irrigation fluid: [EnterType]
Irrigation amount: [EnterAmount]
Description of cerumen: [EnterDescriptionAndAmount]
Patient tolerated procedure [well][with minimal discomfort][other]

Nursing

- ☆ ABI Screening
- ☆ DME Fitted
- ★ Ear Lavage
- ☆ Hearing Screening
- ☆ Hotter Monitor
- ☆ N Hydration Complete
- ☆ N Hydration Start
- ☆ N Insertion
- ☆ N Medication
- ☆ N Push
- ☆ N Removal
- ☆ Nebulizer Treatment
- ☆ PortaCath
- ☆ Straight Catheter
- ☆ Suture & Staple Removal
- ☆ Unna Boot Application
- ☆ Urinary Cath Insertion

Spell Check Apply Clear Text

Audit Details

Signatures

Output Template CC

<input checked="" type="checkbox"/>	Nursing Note.	
<input type="checkbox"/>		
<input type="checkbox"/>		

SRS Treatment Observation Notes:
Audit Details
Signatures

View Recompile Sign Spell Check Copy Forward Show Uncopied Form Data Security Codes Audit Save & Close Save Close

⌵ Treatment/Events

SRS Treatment Observation Notes

2 Patient IDs verified. Yes [No]
 Ear lavage/irrigation performed [right] left [bilateral] ear/s.
 Irrigation fluid: Water
 Irrigation amount: 250 mL of warm water
 Description of cerumen: Large amount of brown cerumen removed
 Patient tolerated procedure [well] with minimal discomfort [other]
 No pain, nausea, or dizziness reported.

Nursing

- ☆ ABI Screening
- ☆ DME Fitted
- ☆ Ear Lavage
- ☆ Hearing Screening
- ☆ Holter Monitor
- ☆ IV Hydration Complete
- ☆ IV Hydration Start
- ☆ IV Insertion
- ☆ IV Medication
- ☆ IV Push
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Spell Check Apply Clear Text

4: Complete applicable

⌵ Treatment/Events

SRS Treatment Observation Notes

5. Once you click Apply, it will add text to note in the bottom section

Nursing

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- ☆ Suture & Staple Removal
- ☆ Unna Boot Application
- ☆ Urinary Cath Insertion

Spell Check Apply Clear Text

⌵ Audit Details

Ear lavage/irrigation performed left ear/s.
 Irrigation fluid: Water
 Irrigation amount: 250 mL of warm water
 Description of cerumen: Large amount of brown cerumen removed
 Patient tolerated procedure with minimal discomfort No pain, nausea, or dizziness reported.

Audit Details

Signatures

Recompile **Sign** Spell Check Charge Summary Copy Forward Show Uncopied Form Data Security Codes Audit

6: Sign note as owner (see next page)

Note: MAs sign as coparticipant

7. Click "Make Final" if note is complete and ready to close

Note Signature

User Name: PIDVI

Password: Password not required.

Sig Type: Author

Make Final

Carbon Copy Recipients:

Recipient Name	Role	Note Output
		There are n

OK Cancel

Nebulizer Treatment:

Treatment/Events

SRS Treatment Observation Notes

2 Pt. IDs verified. Yes [No]

Pre Treatment: Pulse 70 O2 Sat 92 Resp 16

Patient is sitting in a relaxed upright position.

Medications: Albuterols Sulfate 0.083% (2.5 mg/3 ml)
[Ipratropium Bromide 0.02% (0.5 mg/2.5 ml)]
[Racipinephrine 2.25 % (11.25 mg/0.5 ml)]
[Xopenex 0.625 mg/3 ml inhalation per 0.5 mg]
[Xopenex 1.25 mg/3 ml inhalation per 0.5 mg]

Post Treatment: Pulse 85 O2 Sat 97 Resp 20

Secretions Noted: Yes [No] [Small], [Moderate], [Large] Color: [Clear] Yellow [Green]

Patient encouraged to cough out secretions. Patient tolerated procedure well.

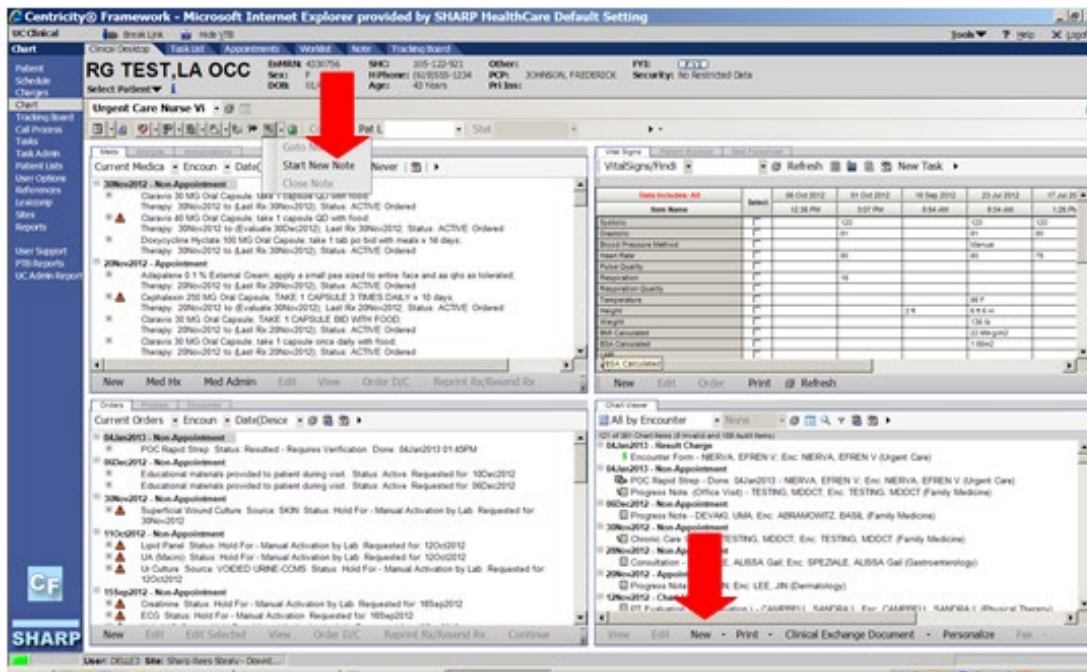
Nursing

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Spell Check Apply Clear Text

Creating a Medical Excuse Form

1) Click New Note (2 different ways shown below)



- 2) Select Specialty you are creating the note for
- 3) Select Visit Type: Medical Excuse Form
- 4) Populate Owner: Provider Seeing Patient
- 5) Click OK

RGTEST, Flower 24-Mar-1999 (20 years) F Non-Appointment: 30-May-2019

Create New

Style: Note Unstructured

Specialty: Family Medicine Visit Type: Medical Excuse Form.

Owner: TESTINGONLY, MYSHARP

6) Fill out information as requested by the provider, see example below

Medical Excuse Form. TESTINGONLY.MY Status: Needs Input Save & Close

Sharp Rees-Stealy Medical Group Medical Excuse Form

Medical Excuse Form

Medical Release Form

Patient Seen Today Patient Seen Other Date ____ Patient Reports Being Ill ____ Parent Reports Patient Being Ill ____

Work/School Excuse

Medically Excused from Work/School Eff Date (Today) Other Date ____ Expected Return to Work/School without limits (date) 6/04/19
 May Return to Work/School w/Limits Eff Date (Today) Other Date ____ Expected Return to Work/School with limits (date) ____
 May Return to Work/School Eff Date (Today) Other Date ____

PE/Sports Excuse

Medically Excused from PE/Sports Eff Date (Today) Other Date ____ Expected Return to PE/Sports (date) ____
 May Participate in PE/Sports w/Limits Eff Date (Today) Other Date ____ Expected Return to PE/Sports with limits (date) ____
 May Return to Full PE/Sports Eff Date (Today) Other Date ____

Work/PE/Sports Limitations

No Prolonged Standing No Climbing/Bending/Twisting No Use of Right Extremity No Pushing/Pulling
 Elevate Extremity Sedentary Work No Use of Left Extremity
 No Kneeling/Squatting Do Not Lift More Than ____ lbs No Overhead Work

Travel Excuse/Limitations

Medically Excused from Travel Eff Date (Today) Other Date ____

- 7) Once complete, sign note as co-author
- 8) Print Medical Excuse form to give to patient with discharge paperwork
- 9) Below is an example of a printed Medical Excuse form

Sharp Rees-Stealy Medical Group Medical Excuse Form

FLOWER RGTEST was evaluated and treated on 05/30/2019.
 She is medically excused from work/school effective 05/30/2019 .
 Expected return to work/school without limits 6/04/19.

Signatures

Electronically signed by : KRISTIN BUNSOLD, RN; May 30 2019 3:53PM PST (Co-author)

Encounter Selector Window

1. The encounter selector window pops up if orders being entered are unassociated with an appointment.
2. If the encounter selector box pops up, and the patient has an appointment, you should ALWAYS select the appointment encounter for their visit. Clinical staff should choose the appointment encounter for the correct provider.

If the patient **DOES NOT** have an appointment:

- Click **New Encounter**
- Select **Non-Appointment** from the Type drop-down list
- Click **OK**

Encounter Selector -- Webpage Dialog

Encounter Selector

Existing Encounters:

Date	Provider	Type
21Jan2016 9:32 AM		Non-Appointment
20Aug2015 9:17 AM		Non-Appointment
23Apr2015 8:33 AM	BLAKE, GERARD F	Result Charge
15Apr2015 6:15 PM	CHAN, DENNIS	Appointment
09Apr2015 12:48 PM		Non-Appointment
09Apr2015 12:48 PM		Non-Appointment

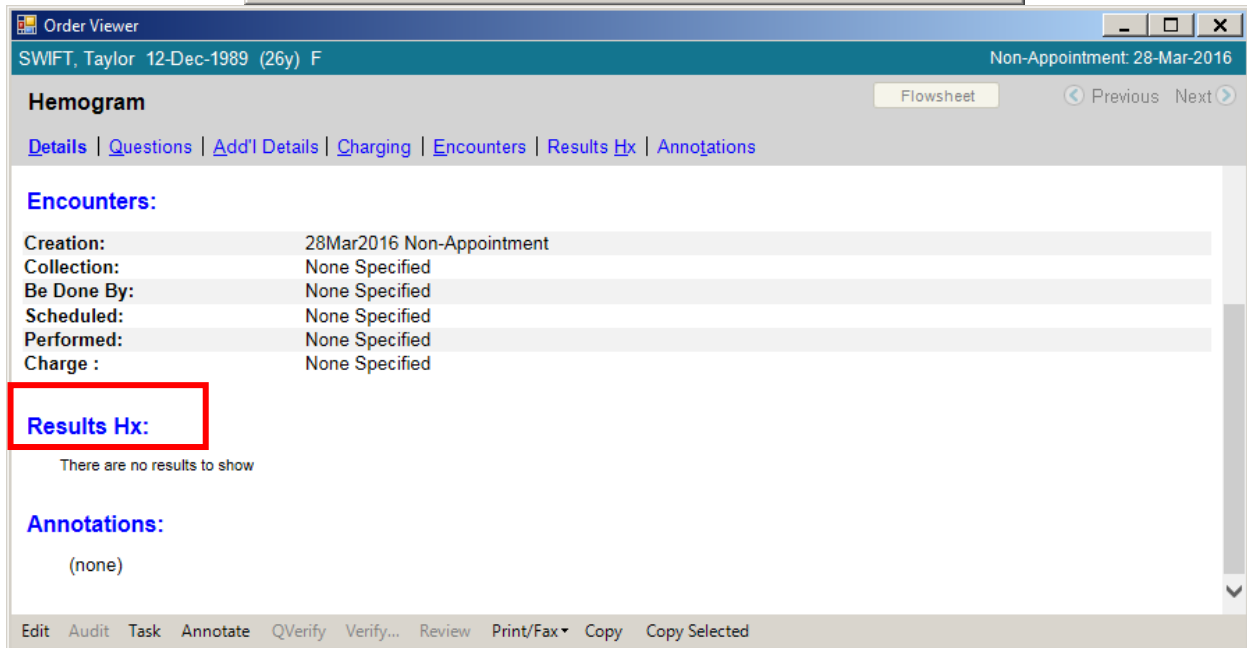
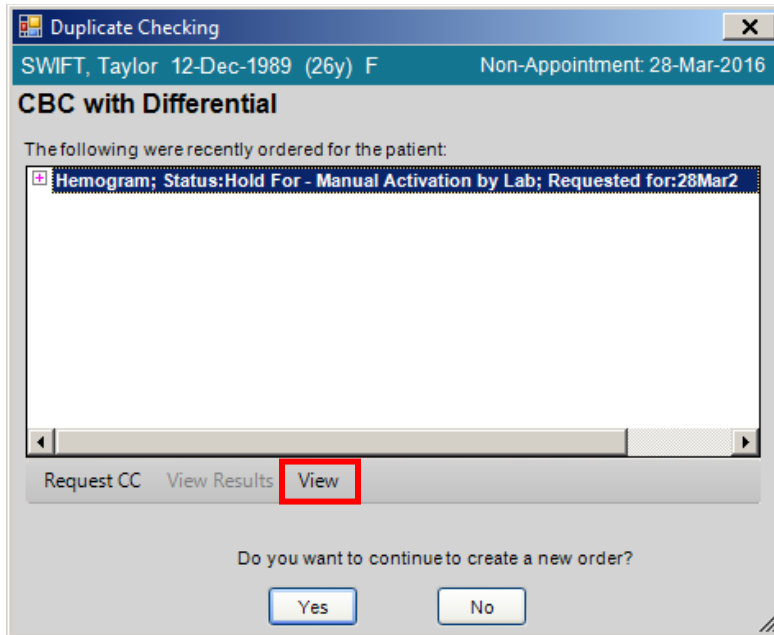
New Encounter:

Date: 28 Mar 2016 Type: Non-Appointment

Duplicate Checking Window

This window appears if an order for the patient has been ordered in the last 30 days. Confirm with the provider if they would still like the order to be completed.

- Click **No** if the provider does not wish to order a repeat lab test
- Click **View** to see if there are results for the test



Medicare - Failed Medical Necessity Checking

This warning will appear for Medicare Patients if the diagnosis is deemed medically unnecessary. Clinical staff should inform the provider of this warning. The provider may choose to change the diagnosis.

Failed Medical Necessity Checking

MEDICARE, Abn 28-Nov-1969 (46y) M

Medicare is likely to deny payment for the following procedure because it may not be reasonable and necessary.

Procedure: ECG 93000
Linked Problem: Health Maintenance
Dx Code and Description: (Z00.00)Encntr for general adult medical exam w/o abnormal findings

Reason: DX Not Covered

This procedure may not be covered by Medicare for the diagnoses associated with the problems you selected to link. Choose one of the following actions to address this warning:

- Link a problem associated with a covered diagnosis from the patient's problem list (top of covered problem list, if any)
- Link a problem associated with a covered diagnosis and have it added to patient's problem list (shown after patient's problems)
- Record ABN waiver disposition and continue with existing order and linked problems

Search:

Covered Diagnoses:

Link	Covered Problem	ICD-9	ICD-10
<input type="checkbox"/>	A-fib	427.31	I48.91
<input type="checkbox"/>	Arrhythmia	427.9	I49.9
<input type="checkbox"/>	Atrial flutter, paroxysmal	427.32	I48.92
<input type="checkbox"/>	Chest pain	786.50	R07.9
<input type="checkbox"/>	Hypertension	401.9	I10
<input type="checkbox"/>	Hypertensive kidney and heart disease with congestive heart failure, stage II	404.91	+ I13.0 +

ABN Waiver Disposition

A signed ABN waiver is needed before provision of services. Indicate the status of the ABN waiver.

Patient signed ABN and accepts financial responsibility
 Patient signed ABN and does not accept financial responsibility
 Patient refused to sign ABN
 ABN not obtained

Medicare rules administered by National Heritage Insurance Company (NH).
For more information, refer to: <http://cms.hhs.gov>

OK Cancel

- **DO NOT** click Cancel. This will only cancel the window but will create a task for the physician to obtain an ABN.
- The provider may want you to obtain an ABN. Click appropriate **ABN Waiver Disposition** using the form provided
- Click **OK**



(A) Notifier(s):

(B) Patient Name:

(C) Identification Number:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for (D)_____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the (D)_____ below.

(D) _____	(E) Reason Medicare May Not Pay:	(F) Estimated Cost:

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the (D)_____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

(G) OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the (D)_____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the (D)_____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

OPTION 3. I don't want the (D)_____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

(H) Additional Information:


This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

(I) Signature:

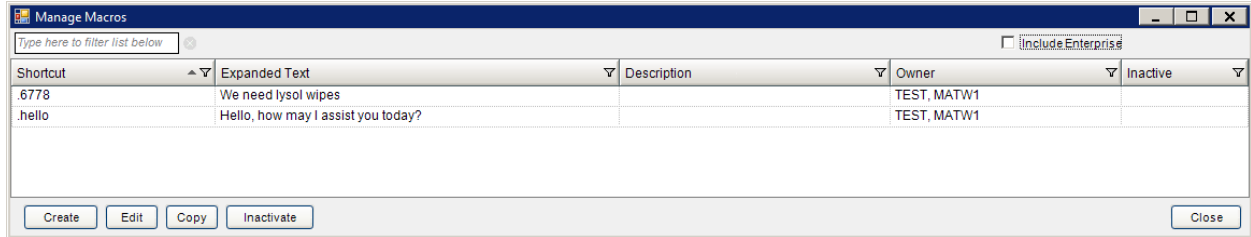
(J) Date:

According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Macros

Macros icon  will appear when you create a note or when you create a task. Macros can be used anywhere there is a free text box. Macros can be used anywhere except responding to a FollowMyHealth task.

You can create and edit your own macros:



You can also access pre-set macros by checkmarking “Include Enterprise.” However, you cannot edit or inactivate them.

